

## Healthfirst Signature (PPO)

# Summary of Benefits

This Medicare Advantage plan offers additional benefits on top of Original Medicare, like dental, vision, hearing, and fitness. In addition, plan members have the option of going out of network and visiting any doctor and hospital in the U.S. that accepts Medicare. Plus, they get a Flex card to cover dental, vision, and hearing copays, and a specially trained Member Services team dedicated to making healthcare easier. This plan is for people who don't qualify for programs that help pay Medicare costs, like Extra Help or Medicaid.

New York, Kings, Queens, Bronx,  
Richmond, and Nassau counties

January 1, 2023–December 31, 2023

# 2023

Healthfirst Representative

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Telephone

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Email

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# Important plan benefits and features

Healthfirst Signature (PPO) gives you the freedom to get access to the care you need—even outside of our large network of doctors and hospitals. Plus, you have the flexibility to save on your healthcare costs with a \$700/year Flex card and much more.

**\$0** monthly premium and annual medical deductible

**\$0** copays for in-network primary care visits, 24/7 telemedicine, and more

## Plan benefits and features include:



- \$7,000 in-network/\$11,000 combined Maximum Out-Of-Pocket (MOOP) limit
- Freedom to visit any doctor and hospital in the U.S. that accepts Medicare
- \$700/year Flex card for dental, vision, and hearing out-of-pocket costs



### Access to the care you need, when you need it—even after hours

- Retail health clinics, urgent care centers, 24/7 telemedicine, 24/7 Nurse Help Line, and more



### Up to \$1,500 dental benefits for no additional premium

- Includes root canals, extractions, dentures, crowns, and more



### Vision and hearing benefits

- Includes routine exams, a \$250 eyeglasses/contacts allowance every two years, and affordable hearing aids



### SilverSneakers® Fitness Program with access to gyms and online video workouts



### Prescription drug coverage with convenient delivery options

- Low deductible (only \$250), some 90-day prescriptions available for the price of a 30-day supply, plus prescription vitamins and erectile dysfunction drugs covered!

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# Healthfirst Signature (PPO) Overview

Healthfirst Signature (PPO) is a Medicare Advantage plan that offers the benefits of Original Medicare plus prescription drug coverage; dental, vision, and hearing coverage; hearing aids; eyeglasses; SilverSneakers®; and access to 24/7 telemedicine. In addition, members have plan benefits such as:

- The freedom to visit any doctor or hospital in the U.S. that accepts Medicare
- A \$700/year Flex card that can be used for dental, vision, and hearing out-of-pocket costs

Members are supported by a specially trained member services team dedicated to making healthcare easy for you—from helping you maximize your benefits and supporting your health needs, to answering your questions and connecting you to the right resources, with no referrals needed to see specialists.

If you think you may qualify for Medicaid, Extra Help (also known as Low Income Subsidy) or Medicare Savings Program, we may have a plan that is a better fit for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY English and other languages 1-888-542-3821) (TTY Español 1-888-867-4132).

This is a summary document and does not include every covered service, nor does it list every limitation or exclusion. For a full list of services, look through this plan's Evidence of Coverage (EOC), which can be found online at [HFMedicareMaterials.org](https://www.HFMedicareMaterials.org).

## What makes you eligible to be a plan member?

- You have both Medicare Part A and Medicare Part B
- You live in either Bronx, Kings, Nassau, New York, Queens, or Richmond County
- You are a United States citizen or are lawfully present in the United States

## Helpful Definitions

### Preferred Provider Organization (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. Plan members pay less if they use providers that belong to the plan's network. They can also use doctors, hospitals, and providers outside of the network for an additional cost.

### Premium

The amount of money some people must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program. However, Healthfirst Signature (PPO) has no monthly premium.

### Copayment (or copay)

A fee that you pay each time you go to the doctor, get a prescription drug filled, or get other services.

### Coinsurance

The percentage of costs of a covered healthcare service you pay (for example, 20%) after you've paid your deductible. Your insurance company pays the rest (80%).

**See our Glossary on page 29 for more helpful definitions.**



# How To Reach Us

Healthfirst Medicare Plans (for non-members) <b>1-877-237-1303</b> TTY 1-888-542-3821 7 days a week, 8am–8pm		Healthfirst Website <b>healthfirst.org/medicare</b>
<b>Other Important Contacts:</b>		
Medicare <b>1-800-MEDICARE</b> <b>(1-800-633-4227)</b> TTY 1-877-486-2048 7 days a week, 24 hours a day <b>medicare.gov</b>	Social Security <b>1-800-772-1213</b> TTY 1-800-325-0778 Monday to Friday, 7am–7pm	Elderly Pharmaceutical Insurance Coverage (EPIC) Program <b>1-800-332-3742</b> TTY 1-800-290-9138 Monday to Friday, 8:30am–5pm

## Access Plan Benefits at Your Convenience

### Healthfirst NY Mobile App



The Healthfirst NY Mobile App keeps access to healthcare close at hand. Use it to find essential services nearby in your community, contact a local rep from a Healthfirst Community Office, view your membership information, and more. We're working around the clock to connect you to the care you need, and we look forward to getting new features into your hands.

### Healthfirst members can:

- Access your digital Member ID card and save, email, or text it.
- Find essential services nearby—food, housing, education, employment, family planning, financial and legal assistance, and more.
- Use our Healthfirst Virtual Community Office to search for a local sales rep by borough, office location, language, and gender.
- Find pharmacies, retail health clinics, urgent care centers, and other providers.
- Access Teladoc to speak with U.S. board-certified doctors 24/7 by phone and video.
- Contact your dedicated Member Services team to get answers to benefit questions.
- Get instant notifications on your device to stay in the know, learn about new features, and more.

### Healthfirst Member Portal



Access your health benefits 24/7 from your computer, tablet, or smartphone. Create your Healthfirst account at **MyHFNY.org** to start getting the most out of your benefits today! Whenever you need to find a nearby doctor, specialist, pharmacy, dentist, eye care specialist, hospital, retail health clinic, or urgent care center that's covered under your plan, you can easily find the care you need online.

# Important Tips

## Use in-network providers and pharmacies for the most savings.

Healthfirst Signature (PPO) has a network of doctors, hospitals, pharmacies, and other providers. However, with this plan, you also have the option to go out-of-network for your care. Please note that if you use providers or pharmacies that are not in our network, you will pay more than if you used in-network providers.

## Browse our provider/pharmacy directory.

The best way to find a doctor or specialist and pharmacy in the Healthfirst network is to visit [HFDocFinder.org](https://www.hfdocfinder.org).

## Check the Healthfirst formulary.

To download a copy of your Healthfirst Medicare Plan Formulary, visit [HFMedicareMaterials.org](https://www.hfmedicarematerials.org). A formulary is a list of prescription drugs (both generic and brand name) covered by your health plan.

## Read the Medicare & You handbook.

This guide from the Centers for Medicare & Medicaid Services (CMS) helps you understand your Medicare choices. Visit [medicare.gov/medicare-and-you](https://www.medicare.gov/medicare-and-you) to view this handbook online or order a copy by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. You can also download a copy of the handbook by visiting [medicare.gov/medicare-and-you/medicare-and-you.html](https://www.medicare.gov/medicare-and-you/medicare-and-you.html).

# Plan Deductible

This plan has a deductible for certain out-of-network services. The following benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. Please see the plan's Evidence of Coverage (EOC) for a complete list of services we cover.

A deductible applies to the following benefit categories, unless otherwise specified:

## Medicare-Covered Out-Of-Network Services

### Inpatient Services

- Inpatient hospital—acute
- Inpatient hospital—psychiatric

### Skilled Nursing Facility (SNF)

### Rehabilitation Services

- Cardiac Rehabilitation Services
- Intensive Cardiac Rehabilitation Services
- Pulmonary Rehabilitation Services
- Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD)
- Dialysis Services
- Occupational Therapy Services
- Physical Therapy and Speech-Language Pathology Services

### Partial Hospitalization

### Home Health Services

### Doctor Visits

- Primary Care Physician Services
- Physician Specialist Services

### Mental health services

### Psychiatric services

### Outpatient substance abuse services

### Acupuncture

### Retail Health Clinics

### Podiatry Services

### Chiropractic Services

### Telehealth Services

### Opioid Treatment Program Services

### Diagnostic Tests, Lab and

### Radiology Services, and X-Rays

- Diagnostic Procedures/Tests/Lab Services
- Diagnostic Radiological Services
- Therapeutic Radiological Services
- Outpatient X-Ray Services

### Outpatient Hospital

- Outpatient Hospital Services
- Ambulatory Surgical Center (ASC) Services
- Outpatient Blood Services

### DME and Other Supplies

- Durable Medical Equipment (DME)
- Prosthetics/Medical Supplies
- Diabetic Supplies and Services

### Kidney disease education services

### Preventive services (glaucoma screening, barium enemas, digital rectal exams, etc.)

### Eye exams

### Hearing exams

### Medicare Part B Rx Drugs

## Supplemental Out-of-Network Services

### Inpatient Hospital (Acute)

### Routine Podiatry Services

### Outpatient Blood Service

### Annual Physical Exam

### Nutrition/Dietary benefit

## Premiums, Deductibles, and Out-of-Pocket Costs

The following are the healthcare costs associated with the Healthfirst Signature (PPO):

	In Network	Out of Network
<b>Monthly Plan Premium</b>	There is no monthly premium for this plan.	
<b>Annual Medical Deductible</b>	No deductible	Your deductible is \$1,000 per year for select out-of-network medical services.
<b>Maximum Out-of-Pocket Amount (does not include prescription drugs)</b>	\$7,000 annually for Medicare-covered services you receive from in-network providers.	
	\$11,000 annually for Medicare-covered services you receive from both in-network and out-of-network providers.	
	If you reach the limit on out-of-pocket costs, you keep getting Medicare-covered hospital and medical services, and Healthfirst will pay the full cost for the rest of the year. Please refer to the "Medicare & You" handbook for Medicare-covered services.	
	Please note that you will still need to pay your share of the cost for your Part D prescription drugs.	

**Words to know on this page:**

**Deductible  
Maximum Out-of-Pocket  
Premium**

To learn what these words mean, see the Glossary on page 29

# Healthfirst Signature (PPO) Covered Medical and Hospital Benefits (in-network vs. out-of-network costs)

Original Medicare is health coverage managed by the federal government and includes just Part A (hospital insurance) and Part B (medical insurance).

Healthfirst Signature (PPO) is a Medicare Advantage plan that offers the same benefits as Original Medicare, plus other benefits like \$700/year Flex card, dental, vision, hearing, acupuncture, post-hospitalization meals, SilverSneakers®, the option to go out-of-network for care, and more. *Services with an asterisk (\*) may require prior authorization.*

The following are the healthcare costs associated with the Healthfirst Signature (PPO):

	In Network	Out of Network
<b>Inpatient Hospital</b>	\$502 copay per day for days 1-3 \$0 copay per day for days 4 and beyond	40% coinsurance per stay
<hr/> Our plan covers an unlimited number of days for an inpatient hospital stay based on medical necessity.		
<b>Outpatient Hospital Services</b>	20% coinsurance	50% coinsurance, after your \$1,000 plan deductible
<b>Ambulatory Surgery Center</b>	\$240 copay	50% coinsurance, after your \$1,000 plan deductible

	In Network	Out of Network
<b>Doctor Visits</b>		
Primary Care Provider (PCP)	\$0 copay	\$50 copay, after your \$1,000 plan deductible
Specialists	\$45 copay	\$60 copay, after your \$1,000 plan deductible
<b>Preventive Care</b>		

Preventive Care includes:

- Annual "Wellness" Visit
- Colonoscopies
- Mammograms
- Bone mass measurements
- Cardiovascular screening
- Diabetes screening
- And other cancer screenings

Annual wellness visit provides height, weight, blood pressure, and other routine exams. During your annual checkup, ask your doctor to recommend preventive care that's right for you.

\$0 copay

\$0 copay - 50% coinsurance (depending on the service), after your \$1,000 plan deductible

**Be sure to take advantage of all the no-cost preventive care you are eligible for each year.**

For a full list of covered preventive care services, look through the plan's Evidence of Coverage (EOC), which can be found online at [HFMedicareMaterials.org](http://HFMedicareMaterials.org).

**Words to know on this page:**

Preventive  
Colonoscopies

Mammograms  
Cardiovascular

To learn what these words mean, see the Glossary on page 29

**Emergency Care**

\$95 copay for emergency care both in the U.S. and worldwide.

**Emergency Services**

You should seek emergency care if you believe that your health condition requires immediate medical care.

If you are admitted to a hospital in the U.S. within 24 hours, your copay is waived.

**Worldwide Emergency Coverage**

Emergency care is covered both in the U.S. and worldwide. The plan will not cover any Part D prescription drugs that you receive as part of your emergency care visit in another country.

**Urgently Needed Services**

\$60 copay for urgently needed services both in the U.S. and worldwide.

**Urgently Needed Services**

Urgent care centers are good options when your primary care provider is on vacation or unable to offer a timely appointment, or when you are sick or suffer a minor injury outside of regular doctor office hours.

**Worldwide Urgent Coverage**

Like emergency care, urgent care is covered worldwide, but any Part D prescription drugs that you receive as a part of your urgent care in another country will not be covered.

Benefits of urgent care centers:

- No advance appointment needed
- Many have extended hours and are open seven days a week
- May cost less than visiting the emergency room

	In Network	Out of Network
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays</b>		
Diagnostic radiology services (include MRIs and CT scans)	\$125 copay	50% coinsurance, after your \$1,000 plan deductible
Lab services	\$0 copay	
Diagnostic tests and procedures	\$50 copay	
Therapeutic Radiology	20% coinsurance	
Outpatient X-rays	\$25 copay	
<b>Hearing Services</b>		
Exam to diagnose and treat hearing and balance issues	\$45 copay	\$60 copay, after your \$1,000 plan deductible

Routine hearing exam and hearing aids

\$0 copay for routine hearing exam (one every year)

\$0 copay for fitting/evaluation for hearing aid(s) (one every year).

Copays per hearing aid vary by technology level you select with your healthcare provider:

Entry = \$0

Basic = \$175

Prime = \$475

Preferred = \$775

Advanced = \$1,075

Premium = \$1,475

Limit of two hearing aids per year.

You must obtain your routine hearing exam and hearing aids from a participating provider.

For additional information, including cost sharing, please refer to this plan's Evidence of Coverage document. You can access Healthfirst Signature (PPO) Evidence of Coverage online at [HFMedicareMaterials.org](http://HFMedicareMaterials.org).

	In Network	Out of Network
<b>Dental Services</b>		
Preventive		
■ Cleanings		
■ Dental X-rays	\$0 copay	\$20 copay
■ Oral exams		
■ Fluoride treatment		
Comprehensive		
■ Diagnostic and non-routine services		
■ Restorative services (including crowns, permanent silver amalgams, and composite fillings)	\$0 copay	\$0-\$100 copay
■ Oral surgery		
■ Root canal surgery		
■ Periodontics (prosthetics/crowns)		
■ Dentures, including adjustments and repairs		

Plan pays up to \$1,500 per year for both preventive and comprehensive dental combined.

For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Signature (PPO) Evidence of Coverage online at [HFMedicareMaterials.org](https://www.HFMedicareMaterials.org).



	In Network	Out of Network
<b>Vision Services</b>		
Medicare-covered eye exam, including diagnosis and treatment for diseases and conditions of the eye (including diabetic retinopathy and glaucoma)	\$0 copay	\$60 copay, after your \$1,000 plan deductible
Routine eye exam for eyeglasses/contacts and contact lens fitting		\$0 copay
Routine eyewear	<p>\$250 benefit allowance every two years toward eyeglasses or contact lenses.</p> <p>For additional information, including cost shares and exclusions, please refer to your Evidence of Coverage document. You can access Healthfirst Signature (PPO) Evidence of Coverage online at <b><a href="https://www.hfmedicarematerials.org">HFMedicareMaterials.org</a></b>.</p>	



	In Network	Out of Network
<b>Mental Health</b>		
Inpatient visit	<p>\$420 copay per day: for days 1-3</p> <p>\$0 copay per day: for days 4-90</p> <p>Plan covers up to 190 days in a lifetime (based on medical necessity) for inpatient mental health care in a freestanding psychiatric hospital. If you have used part of the 190-day Medicare lifetime benefit prior to enrolling in Healthfirst Signature (PPO), you are only entitled to receive the difference between the number of days already used and the plan-authorized benefit. The inpatient hospital care limit does not apply to inpatient mental health services provided in a psychiatric unit of a general acute care hospital.</p>	<p>40% coinsurance per stay, after your \$1,000 plan deductible</p>
Outpatient mental health (group or individual)	\$40 copay	\$50 copay, after your \$1,000 plan deductible
Outpatient substance abuse therapy (group or individual)	\$40 copay	\$50 copay, after your \$1,000 plan deductible
Opioid treatment services	\$0 copay	50% copay, after your \$1,000 plan deductible
<b>Skilled Nursing Facility (SNF)</b>		
	<p>0 copay per day: for days 1-20</p> <p>\$196 copay per day: for days 21-100</p> <p>A SNF stay is for when you need skilled nursing care and rehabilitation services in a skilled nursing facility.</p> <p>Our plan covers up to 100 days in a SNF per admission.</p> <p>No prior hospital stay is required.</p>	<p>50% coinsurance per stay, after your \$1,000 plan deductible</p>

	In Network	Out of Network
<b>Physical therapy and speech and language therapy visit</b>		
	\$40 copay	\$60 copay, after your \$1,000 plan deductible
<b>Ambulance (Ground and Air)</b>		
	\$275 copay per one-way trip to the nearest appropriate facility	
	Emergency ambulance transportation is covered when you need to be transported to a hospital or skilled nursing facility for medically necessary services, and transportation in any other vehicle could endanger your health.	
<b>Medicare Part B Prescription Drugs</b>		
	20% coinsurance	50% coinsurance, after your \$1,000 plan deductible
	Step Therapy may be required. You may be required to try a less expensive drug that has been proven effective for most people with your condition before you can move up a "step" to a more expensive drug.	
<b>Flex Card</b>		
The benefit is provided as a Flex card; it cannot be converted to cash.		
Your Flex card can be used on:		
<ul style="list-style-type: none"> <li>■ Eyewear and copays for out-of-network Medicare-covered eye exams</li> <li>■ Dental Services: copays for out-of-network preventive and comprehensive services</li> <li>■ Hearing Aids: purchased through NationsHearing</li> </ul>	<p>\$700 allowance per year towards dental, vision and hearing services and items.</p>	
Unused balances will expire at the end of the calendar year and if you disenroll from Healthfirst Signature (PPO).		

	In Network	Out of Network
<b>Acupuncture</b>		
Acupuncture for Chronic Low Back Pain	\$0 copay Plan covers acupuncture treatments for chronic low back pain up to 20 visits per year under certain circumstances	\$50 copay, after your \$1,000 plan deductible
Routine Acupuncture (12 acupuncture visits per year for other conditions, including chronic low back pain)	\$0 copay	\$50 copay
<b>Rehabilitation Services</b>		
Cardiac (heart) and intensive cardiac rehab services	\$0 copay	\$50 copay, after your \$1,000 plan deductible
Pulmonary (lung) rehab services	\$20 copay	\$60 copay, after your \$1,000 plan deductible
Occupational therapy, and speech and language therapy visits	\$40 copay	\$60 copay, after your \$1,000 plan deductible
Supervised Exercise Therapy (SET) for members that have symptomatic peripheral artery disease (PAD)	\$20 copay	\$60 copay, after your \$1,000 plan deductible

	In Network	Out of Network
<b>Retail Health Clinic</b>		
<p>Retail health clinics are inside retail pharmacy stores (such as Minute Clinic at CVS), providing a way for members to access walk-in care (without an appointment), even during evenings and weekends. Retail health clinics do not include urgent care centers.</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> <li>■ Diagnosis and treatment of minor acute illnesses</li> </ul>	\$15 copay	50% coinsurance, after your \$1,000 plan deductible
<b>Podiatry (Foot Care)</b>		
<p>Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs)</p> <p>Routine foot care</p> <p>The plan covers 12 routine foot care visits per year</p>	\$40 copay	\$60 copay, after your \$1,000 plan deductible
<b>Medical Equipment/Supplies</b>		
Diabetes monitoring supplies, diabetes self-management training, and therapeutic shoes or inserts	\$0 copay	50% coinsurance, after your \$1,000 plan deductible
Durable medical equipment (walkers, wheelchairs, oxygen tanks, crutches, CGMs, and more)	20% coinsurance	50% coinsurance, after your \$1,000 plan deductible
Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies.	20% coinsurance	50% coinsurance, after your \$1,000 plan deductible

	In Network	Out of Network
<b>Nurse Help Line</b>		
The Nurse Help Line is a free phone service that's available 24 hours a day to get wellness advice and help finding a doctor.		\$0 copay
<b>Wellness Programs</b>		
Chiropractic Care (manipulation of the spine to correct a subluxation (when one or more of the bones of your spine moves out of position))	\$20 copay	\$50 copay, after your \$1,000 plan deductible
Nutritional Counseling—up to six preventive counseling and/or risk factor reduction visits annually, which must be provided by state-licensed or certified clinical professionals (i.e., physician, nurse, registered dietitian, or nutritionist). Sessions may be individual or group.	\$0 copay	\$50 copay, after your \$1,000 plan deductible
<b>Home Health Agency Care</b>		
To receive home health services, your doctor must certify that you require those services and will request them from a home health agency. You must be homebound, which means leaving home is very difficult for you.	\$0 copay	50% coinsurance, after your \$1,000 plan deductible
<b>Medicare Diabetes Prevention Program</b>		
Program includes health behavior change sessions promoting weight loss through healthy eating and physical activity.	\$0 copay	50% coinsurance, after your \$1,000 plan deductible

	In Network	Out of Network
<b>Telehealth</b>		
Primary Care Provider (PCP)	\$0 copay	\$50 copay, after your \$1,000 plan deductible
Specialist	\$45 copay	\$60 copay, after your \$1,000 plan deductible

\$0 copay

Teladoc services for general medical, dermatology and mental health

Teladoc connects you with board-certified doctors 24 hours a day, 7 days a week, for video or phone chat using your smartphone, tablet, or computer. These doctors can help diagnose, treat, and even write prescriptions for a variety of non-emergency conditions. However, this program is not a substitute for your primary care doctor. You must follow up with your primary care doctor for any treatment provided by Teladoc.

### Meals (post-discharge)

Coverage for up to 84 home-delivered meals up to 28 days after a discharge from hospital to home or skilled nursing facility to home with a stay of more than two days.

\$0 copay

### SilverSneakers

SilverSneakers is more than a fitness program. It gives you access to 15,000+ fitness locations, over 80 different types of SilverSneakers FLEX Community classes like outdoor walking groups and nutrition workshops taught by instructors trained in senior fitness, 200+ workout videos in the SilverSneakers On-Demand™ online library, online fitness and nutrition tips, and their mobile app with digital workout programs. You can also get home fitness supplies shipped directly to your home and more—all at no additional cost.

\$0 copay

# Medicare Part D Prescription Drug Coverage

Your drug costs depend on three factors:

1. **Your plan's drug deductible**
2. **Your drug's tier**
3. **The Part D Prescription Drug Coverage Stage that you're currently in**

There are six drug tiers and four coverage stages of Part D prescription drug coverage (set by the Centers for Medicare and Medicaid Services). See chart on the next page.

1. Your Signature plan has a \$250 annual Part D prescription drug deductible (the amount you pay for prescription drugs before your plan starts to pay), so you need to pay the full cost of your drug until your deductible is met. Afterwards, your plan starts paying part of the drug's cost. For example, since your plan's drug deductible is \$250, you need to pay \$250 out of pocket before your plan helps pay for your drug costs.
2. Check your Healthfirst plan's formulary (list of approved drugs) at [healthfirst.org/formularies/](https://www.healthfirst.org/formularies/) to see if your prescription drug is covered and find out which drug tier it's in. All drugs in Tier 1 (generic drugs) are not subject to the drug deductible and have a \$0 copay.

3. Next, look at your Part D Prescription Drug Coverage Stage. You start at the Deductible Stage and move forward as the total dollars spent on your drugs increases. Depending on which stage you're in, your 30-day supply drug cost will change.

- **Deductible Stage** - You pay full cost until deductible is met (Tier 1 drugs are always \$0)
- **Initial Coverage Stage** - Plan starts paying some of the cost
- **Coverage Gap** - You pay 25% of the drug cost
- **Catastrophic Stage** - Plan pays most of the cost



# Medicare Part D Prescription Drug Coverage

	Deductible Stage	Initial Coverage Stage	Coverage Gap	Catastrophic Stage
Total dollars spent on drugs (what you paid, plus what your plan paid year to date)	\$250	\$250.01–\$4,660	\$4,660.01–\$7,400	\$7,400.01+
Your 30-day supply cost, depending on drug tier and Part D Prescription Drug Stage				
Tier 1 Preferred Generics	\$0 copay	\$0 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or \$4.15
Tier 2 Generics	\$10 copay	\$10 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or \$4.15
Tier 3 Preferred Brand and Generic Drugs	\$47 copay	\$47 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or \$4.15 (if generic) /\$10.35 (if brand)
	\$35 copay for Select Insulins			
Tier 4 Non-Preferred Drugs	Full cost of drugs	\$100 copay	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or \$4.15 (if generic) /\$10.35 (if brand)
Tier 5 Specialty Drugs	Full cost of drugs	26% of drug cost (coinsurance)	25% of drug cost (coinsurance)	Larger of either 5% of drug cost or \$4.15 (if generic) /\$10.35 (if brand)
Tier 6 Supplemental Drugs	\$10 copay	\$10 copay	\$10 copay	\$10 copay

## Important Message About What You Pay for Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

With Healthfirst, you can save even more on your insulin! You can fill a 90-day supply of Select Insulins for the same price as a 30-day supply. Check your Healthfirst Plan Formulary at [healthfirst.org/formularies](https://www.healthfirst.org/formularies) to see which insulins are eligible for these savings.

## Medicare Part D Prescription Drug Benefits

You can save money by getting a 90-day supply of prescriptions in Tiers 1–3 for the same cost as a 30-day supply during the initial coverage stage, at your local participating pharmacy or through mail-order.

### Initial Coverage Stage

Tier	30-Day Supply	90-Day Supply
Tier 1 Preferred Generics	\$0	\$0
Tier 2 Generics	\$10 copay	\$10 copay
Tier 3 Preferred Brand and Generic Drugs	\$47 copay	\$47 copay
	\$35 copay for Select Insulins	
Tier 4 Non-Preferred Drugs	\$100 copay	\$300 copay
Tier 5 Specialty Drugs	26% of the cost	26% of the cost
Tier 6 Supplemental Drugs	\$10	\$30

Your costs may change depending on the pharmacy you choose and when you enter another stage of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the stages of the benefit, you can access our Evidence of Coverage online at [HFMedicareMaterials.org](https://www.hfmedicarematerials.org).

Remember, if you are not satisfied with your existing plan and want to switch to Healthfirst, you have until March 31 to do so.

# Getting your prescriptions is easy with Healthfirst

Whether it's your first time filling a prescription or you're getting a third refill, Healthfirst can help make sure you get the medications you need.

## You have three (3) convenient ways to get your prescriptions:

### 1. Home Delivery (to your door)

- Many pharmacies offer free delivery as well as online pharmacies such as Capsule and Medly

### 2. Mail Delivery

ExactCare and Caremark can deliver money saving 90-day supply of select prescriptions to your mailbox at no additional cost.

### 3. Neighborhood Pharmacy

Pick up your prescriptions from a local pharmacy in your neighborhood.

Visit [HFDocFinder.org](https://www.hfdocfinder.org) to see if your favorite pharmacy is in the Healthfirst network.

Plus, there may be some pharmacies near you that can provide extra services at no additional cost to you. Such as:

- Coordinating your different refills so you can pick them all up on the same day, at the same time
- Grouping your daily prescriptions in packets so they're easier to take each day
- Offering health coaching

# Frequently Asked Questions (FAQs)

## About Healthfirst Signature (PPO):

### Who can join the Healthfirst Signature (PPO)?

To join Healthfirst Signature (PPO), you must be entitled to Medicare Part A, be enrolled in and continue to pay for Medicare Part B, and live in the Healthfirst Signature (PPO) service area. Our service area includes the following counties in New York: Bronx, Kings, Nassau, New York, Queens, and Richmond. While anyone can join Healthfirst Signature (PPO), the plan is designed for people who don't qualify for programs that help pay Medicare costs like Extra Help or Medicaid. If you think you may qualify for any of these programs, please call us and we'll help you find a Healthfirst plan that's right for you. Call **1-877-237-1303**, 7 days a week, 8am–8pm (TTY 1-888-542-3821).

### Which doctors, hospitals, and pharmacies can I use?

Healthfirst Signature (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, you will pay higher copays/coinsurance for these services. However, you also have the option to visit any providers in the U.S. that accept Medicare. You can see our plan's provider and pharmacy directory at our website (**[HFDocFinder.org](https://www.hfdocfinder.org)**). Or call us and we will send you a copy of the provider and pharmacy directories.

### What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers—and more. Here are some medical costs that Healthfirst covers and Original Medicare does not:

- Annual deductible
- Routine eye exams and eyeglasses
- Charges for prescription drugs
- Hearing checkups and hearing aids
- Dental care



## Comparing Healthfirst Signature (PPO) with other insurance options:

### How is Healthfirst Signature (PPO) different from Original Medicare?

This offers additional benefits on top of Original Medicare (like dental, vision, hearing acupuncture and a Flex card) and may be right for you if you do not qualify for extra financial help.

### How is Healthfirst Signature (PPO) different from other Medicare PPOs?

Unlike other PPOs, you have a \$700/year Flex card allowance that you can use for dental, vision, and hearing out-of-pocket costs. Plus, this plan offers a specially trained member services team that is available to you to help you navigate your health benefits.

## Plan costs:

### How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” See chart on page 23 for a general overview of your drug costs. To find out which tier your drug is on and determine how much it will cost you, check this plan's approved drug list at **healthfirst.org/formularies**. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. In the Medicare Part D Prescription Drug Coverage section (page 23), we discussed the benefit stages that occur: Deductible, Initial Coverage, Coverage Gap, and Catastrophic Coverage.

### Will I have to pay a monthly premium or deductible?

Healthfirst Signature (PPO) has a \$0 premium and a \$0 deductible for most in-network medical and hospital services and a \$1,000 for select out-of-network services (see page 8 for more detail). There is also \$0 annual deductible for comprehensive dental services and an annual deductible of \$250 for prescription drug tiers 4–5. For tier 1, 2, 3, and 6 drugs, there is no deductible.

### Whom should I contact if I need help with healthcare costs?

Contact us at at **1-877-237-1303** (TTY 1-888-542-3821).

# Healthfirst Locations

We make it easy for you to contact us—over the phone, online, and in person. Visit one of our convenient community offices, our virtual community office online, and on social media.

## Community Offices Near You

### BRONX

#### Fordham

**412 E. Fordham Road**  
(entrance on Webster Avenue)

#### Morris Heights

**25 East Fordham Road**  
(between Morris and Jerome Avenues)

### BROOKLYN

#### Bensonhurst

**2236 86th Street**  
(between Bay 31st and Bay 32nd Streets)

#### Brighton Beach

**314 Brighton Beach Avenue**  
(between Brighton 3rd and Brighton 4th Streets)

#### Flatbush

**2166 Nostrand Avenue**  
(between Avenue H and Hillel Place)

#### Sunset Park

**5324 7th Avenue**  
(between 53rd and 54th Streets)

**5202 5th Avenue**  
(corner of 5th Avenue and 52nd Street )

### MANHATTAN

#### Chinatown

**128 Mott Street, Room 407**  
(between Grand and Hester Streets)

### MANHATTAN (continued)

**28 E. Broadway**  
(between Catherine and Market Streets)

#### Washington Heights

**1467 St. Nicholas Avenue**  
(between W. 183rd and W. 184th Streets)

### QUEENS

#### Elmhurst

**40-08 81st Street**  
(between Roosevelt and 41st Avenues)

#### Flushing

**41-60 Main Street  
Rooms 201 & 311**  
(between Sanford and Maple Avenues)

**Main Plaza Mall  
37-02 Main Street**  
(between 37th and 38th Avenues)

#### Jackson Heights

**93-14 Roosevelt Avenue**  
(between Whitney Avenue and 94th Street)

#### Richmond Hill

**122-01 Liberty Avenue**  
(between 122nd and 123rd Streets)

### Ridgewood

**56-29 Myrtle Avenue**  
(entrance on Catalpa Avenue)

### LONG ISLAND

#### NASSAU COUNTY

#### Hempstead

**242 Fulton Avenue**  
(between N. Franklin and Main Streets)

#### SUFFOLK COUNTY

#### Bay Shore

**Westfield South Shore Mall  
1701 Sunrise Highway**  
(in the JCPenney Wing)

#### Lake Grove

**Smith Haven Mall  
313 Smith Haven Mall**  
(in the Sears Wing)

#### Patchogue

**99 West Main Street**  
(between West and Havens Avenues)

### WESTCHESTER COUNTY

#### Yonkers

**13 Main Street**  
(between Warburton Avenue and N Broadway)



Go to [healthfirst.org/locations](https://healthfirst.org/locations) for our hours of operation, and visit [HFVirtualCommunityOffice.org](https://HFVirtualCommunityOffice.org) to connect with a Healthfirst representative in your area.

# Glossary

## **Ambulatory Surgery**

Takes place in a center that exclusively provides outpatient surgical services to patients not requiring hospitalization and whose expected stay does not exceed 24 hours.

## **Benefit Period**

The number of days of hospital inpatient or skilled nursing facility (SNF) care your plan covers.

## **Bone Mass Measurement**

Measures bone density to determine whether a patient has osteoporosis (bone disease).

## **Cardiovascular Screening**

Test for heart disease.

## **Coinsurance**

The fee you owe a doctor for your care after you meet your annual deductible. The amount you owe is part of the cost of your care. Your insurance company pays the rest.

*Example:* A common coinsurance is 20%. In this case, after you meet your deductible, Healthfirst will pay 80% of the cost. You will pay 20% of the cost.

With Original Medicare, you will pay a 20% coinsurance for most outpatient services. However, with the Healthfirst Signature (PPO), you'll pay a lower copay for many of those same services.

## **Colonoscopy**

Medical procedure where a long, flexible, tubular instrument is used to view the entire inner lining of the colon (large intestine) and the rectum.

## **Copayment (or copay)**

A fee that you pay each time you go to the doctor, get a prescription drug filled, or get other services.

*Example:* If your health plan has a \$20 PCP copayment, you must pay \$20 for a checkup with your primary care provider (PCP).

## **Cost Sharing**

The general term for your health expenses, including deductibles, coinsurance, and copayments.

## **Covered Service**

A service that you are entitled to and which your plan will cover under the terms of your plan. Some cost sharing may apply.

## **CT**

Computed tomography is a medical 3-D imaging technique.

## **Deductible**

The amount of money you must pay in covered expenses each year before your plan or program pays anything for certain covered services. The deductible may not apply to all services.

*Example:* If your deductible is \$500, you need to spend \$500 for covered healthcare services within one year before your plan or program will start paying for your health services. Your deductible resets once every year.

## **Diabetes Screening**

Test for high blood sugar levels.

**Effective Date**

The date on which your plan coverage begins.

**Explanation of Benefits (EOB)**

A form that you will receive that explains the treatments you and/or a dependent received, the portion of the cost that is covered under your plan, and the amount left that you may have to pay or may have already paid directly to your provider.

**Evidence of Coverage (EOC)**

The EOC gives you details about what the plan covers, how much you pay, and more.

**Extra Help**

Also known as the “Low-Income Subsidy.” People who qualify for this program get help paying their plan’s monthly premiums, as well as the yearly deductible and copayments for their prescription drugs.

**Formulary**

A list of prescription drugs (both generic and brand name) covered by your health plan. This may also be called a list of Part D prescription drugs or the Drug List.

**Hospital Affiliation**

Shows the hospital(s) where a doctor/provider can treat patients.

**In-Network Provider**

The doctors and hospitals that are part of the Healthfirst network who provide healthcare to our members.

**Inpatient**

An inpatient hospital stay is when a doctor admits you into the hospital for treatment.

**Mammogram**

A diagnostic X-ray of the breast.

**Maximum Out-of-Pocket (MOOP)**

The most you have to pay each year for expenses covered by your plan (i.e., the sum of the deductible, copay, and coinsurance amounts). Once you reach this amount, you do not pay anything for most services. This does not include your monthly premium costs, any charges from out-of-network healthcare providers, prescription drugs, or services that are not covered by the plan.

Remember, Original Medicare does not have a MOOP or any cap on spending, so your healthcare expenses can be very high over the course of a year.

**Medicaid**

A joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most healthcare costs are covered if you qualify for both Medicare and Medicaid.

**Medicare Savings Program**

A Medicaid program that helps people with limited income and resources pay some or all of their Medicare premiums, deductibles, and coinsurance.

**MRI**

Magnetic resonance imaging uses a strong magnetic field to create detailed images of your organs and tissues.

**Network**

A group of doctors and hospitals contracted to provide healthcare services to members of a health plan.

**Original Medicare**

Fee-for-service coverage under which the government pays your healthcare providers directly for your Part A (Hospital) and/or Part B (Medical) benefits.

**Out-of-Network Provider**

A healthcare provider (doctor or hospital) that is not a part of a plan network. You will typically pay more if you use a provider that is not in your plan network.

**Outpatient**

Medical services that do not require an overnight hospital stay.

**Part B**

Medicare coverage that covers preventive and medically necessary services.

**Part D**

Adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

**Preauthorization/Precertification (also known as Prior Authorization)**

Some healthcare plans, including Healthfirst, require you to check with them before you get certain services. This is to make sure that these healthcare services are necessary and are covered before you get them so that you will not be responsible for the entire cost. Preauthorization is required for many services, but it is not required in an emergency.

**Preferred Provider Organization (PPO)**

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

**Premium**

The amount of money some members must pay monthly, quarterly, or twice a year to be covered by a health insurance plan or program.

**Preventive Care Services**

Services you receive from your doctor that help prevent disease or to identify disease while it is more easily treatable. Under Healthcare Reform, most of these services are 100% covered by your insurance plan, which means that you will not have to pay for them.

### **Primary Care Provider (PCP)**

Your primary doctor (also known as a primary care provider, or PCP) is the doctor who provides you with basic healthcare and preventive services to help make sure you stay healthy. Your PCP coordinates most of your care, authorizes treatment, and may refer you to specialists. Healthfirst members may change their PCP at any time by calling Member Services.

### **Referral**

A written order from your primary care doctor for you to see a specialist or get certain services. In many HMOs, you need to get a referral before you can get care from anyone except your primary care doctor. If you don't get a referral first, the plan may not pay for your care.

With Healthfirst Signature (PPO), you can see any specialist in the U.S. that accepts Medicare without getting a referral from your doctor.

### **Subsidy**

Monetary assistance to help pay health insurance expenses, provided in the form of a refundable tax credit.

### **Special Needs Plan (SNP)**

Medicare Special Needs Plans are a type of Medicare Advantage Plan designed for certain types of people with Medicare. Some Special Needs Plans are for people with certain chronic diseases and conditions, some are for people who have both Medicare and Medicaid, and some are for people who live in an institution such as a nursing home.



Coverage is provided by Healthfirst Health Plan, Inc. or Healthfirst Insurance Company, Inc. (“Healthfirst”). Healthfirst Medicare Plan has HMO and PPO plans with a Medicare contract. Our SNPs also have contracts with the NY State Medicaid program. Enrollment in Healthfirst Medicare Plan depends on contract renewal.

Plans contain limitations and exclusions.

Out-of-network healthcare services may have higher costs.

Healthfirst Signature (PPO) service areas are New York, Kings, Queens, Bronx, Richmond, and Nassau counties (H9678). Healthfirst complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Dental services must be medically necessary to be covered; limitations and exclusions apply.

No out-of-pocket costs for entry-level hearing aids. Eyewear allowance can be used at participating retailers.

Telemedicine (Teladoc) isn't a replacement for your primary care provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Benefits, premiums, and/or copayments/coinsurance may change of each year.

You must continue to pay your Medicare Part B premium.

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This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “Evidence of Coverage.”

If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or use the Medicare Plan Finder on [medicare.gov](https://www.medicare.gov).

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is available for free in other languages. Please call our Member Services number at 1-833-350-2910, TTY number 1-888-542-3821, 7 days a week, from 8am to 8pm.

Esta información está disponible de forma gratuita en otros idiomas. Por favor, llame a nuestro número de Servicios a los Miembros al 1-833-350-2910, o al 1-888-867-4132 para los usuarios de TTY, los 7 días de la semana, de 8:00 a.m. a 8:00 p.m.

本資訊有其他語言版本供免費索取。請致電我們的會員服務部，服務時間每週七天，每天上午8時至晚上8時，電話號碼是1-855-771-1081，聽力語言殘障服務專線TTY 1-888-542-3821。

This document is available in other formats, such as braille and large print. This document may be available in a non-English language. For additional information, call us at 1-833-350-2910.

Este documento puede estar disponible en otros formatos como Braille y en letra grande. Este documento puede estar disponible en otros idiomas además del inglés. Para más información, llámenos al 1-833-350-2910.

本文件可以其他形式提供，例如盲文及大字印本。本文件可能有英語之外的其他語言文本。如需更多資訊，請給我們來電，電話號碼是1-833-350-2910。

# Notice of Non-Discrimination

Healthfirst complies with Federal civil rights laws. Healthfirst does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Healthfirst provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **Healthfirst** at **1-866-305-0408**. For TTY services, call **1-888-542-3821**.

If you believe that Healthfirst has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Healthfirst by:

- **Mail:** Healthfirst Member Services, P.O. Box 5165, New York, NY, 10274-5165
- **Phone:** **1-866-305-0408** (for TTY services, call 1-888-542-3821)
- **Fax:** 1-212-801-3250
- **In person:** 100 Church Street, New York, NY 10007
- **Email:** <http://healthfirst.org/members/contact/>

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- **Web:** Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- **Mail:** U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- **Phone:** **1-800-368-1019** (TTY 800-537-7697)

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-305-0408. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-305-0408. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-305-0408。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-305-0408。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-305-0408. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-305-0408. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-305-0408 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-305-0408. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-305-0408 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-305-0408. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-305-0408. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-305-0408 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-305-0408. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-305-0408. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-305-0408. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-305-0408. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-305-0408 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Healthfirst Representative, please indicate the type of Medicare Advantage plan being discussed:

Preferred Provider Organization (PPO)

Dual-Eligible Special Needs Plan (HMO D-SNP)

Health Maintenance Organization (HMO)

# Healthfirst Medicare Advantage Plan Pre-Enrollment Checklist



Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-877-237-1303** (TTY 1-888-542-3821), 7 days a week, 8am–8pm.

## UNDERSTANDING THE BENEFITS

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit **HFMedicareMaterials.org** or call **1-877-237-1303** (TTY 1-888-542-3821) to view a copy of the EOC.
- Review our provider directory (or ask your doctor) to make sure the doctors you see now are in the Healthfirst network. If they are not listed, it means you will likely have to select new doctors.
- Review our pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the Healthfirst network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

## UNDERSTANDING THE IMPORTANT RULES

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums, and/or copayments/coinsurance may change on **January 1, 2024**.
- For an HMO plan, except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in our provider directory).
- For a preferred provider organization plan (PPO), you are allowed to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher copay for services you receive from non-contracted providers.
- For a dual-eligible special needs plan (D-SNP), your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.







## Questions about this plan?

Get answers by visiting  
**HFVirtualCommunityOffice.org,**

or by calling

**1-877-237-1303**

(TTY1-888-542-3821)

7 days a week, 8am–8pm